

CUSTOMER SATISFACTION SURVEY

Date _____

To help us serve you better, please take a few minutes to complete this survey. Your honest and constructive responses will help us provide quality claims service to future customers. Please answer the questions which apply to your visit and return this form to the box at the receptionist desk, or mail it to Post Claims Office, ATTN: ATZR-JC, Building 2595, Fort Sill, Oklahoma 73503. Thank you for your responses.

YOUR OPINIONS MATTER TO US.

What was the reason for your visit? (circle the appropriate answer)

"Pink Sheets" MP Report Obtain Forms/Info Turn-in Claim Med-Care

Please answer the following questions by marking the appropriate "Yes" or "No" box.	YES	NO
2. Did the receptionist, _____, provide you with prompt and courteous service? (Fill in the name of the receptionist)		
3. Were you provided with the information you needed?		
4. Was the information clear?		
5. In the event the information was not clear to you, did our personnel clarify the information for you?		
6. Was your claim handled fairly and professionally?		

7. How does the service you received at our claims office compare to other claims offices you have dealt with?

Much Better Better The Same Worse Much Worse

8. Why?

9. How would you rate the service you received?

Excellent Very Good Good Fair Poor

10. What did we do well?

11. What could we do better?
